



# LOS ANGELES COUNTY COMMISSION ON HIV

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## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

October 26, 2010

Approved  
12/21/2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Michael Green	Robert Boller	Amy Wohl	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Thelma James	Pamela Chiang	Juhua Wu	Glenda Pinney
Douglas Frye	Anna Long	Aaron Fox	Dave Young	Craig Vincent-Jones
Bradley Land	Quentin O'Brien	Terry Goddard		
Ted Liso		Miki Jackson		
Abad Lopez		Paul Meza		
Tonya Washington-Hendricks		Scott Singer		
		Jason Wise		

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- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 9/28/2010
- 3) **Table:** Los Angeles County Commission on HIV, Priorities and Planning (P and P) Committee, FY 2010 Work Plan, 10/26/2010
- 4) **Handbook:** Priorities and Planning (P&P) Committee Handbook, 10/26/2010
- 5) **Table:** Unmet Need Plan, 10/26/2010
- 6) **Memorandum:** Request for Information for the 8/17/2010 and Subsequent P&P Committee and Subcommittee Meetings, 8/10/2010
- 7) **Table:** County of Los Angeles Office of AIDS Programs and Policy, Maintenance of Effort Expenditures Report FY 2007 and FY 2008, 9/2010
- 8) **Spreadsheet:** Grant FY 2010 Ryan White Part A & Single Allocation Model (SAM) Care Expenditures by Service Categories as of August 31, 2010, 10/25/2010
- 9) **Spreadsheet:** Grant Year 3 Ryan White Minority AIDS Initiative (MAI) Funding Expenditures and Year 2 Carry Over as of July 31, 2010, 10/25/2010
- 10) **Spreadsheet:** Grant FY 2010 Ryan White Minority AIDS Initiative (MAI) Expenditures as of August 31, 2010, 10/25/2010
- 11) **Summary Key:** Ryan White Part A and B Expenditures by Service Categories, 6/17/2010
- 12) **Program/Planning News:** FY 2012 Priority- and Allocation-Setting, 10/1/2010
- 13) **PowerPoint:** Los Angeles County Commission on HIV, FY 2012 Priority- and Allocation-Setting Process: Paradigms and Operating Values, 10/28/2010
- 14) **Summary:** Fiscal FY 2010 Priority- and Allocation-Setting, Paradigms and Operating Values, 4/7/2009
- 15) **PowerPoint:** Los Angeles County Coordinated HIV Needs Assessment (LACHNA-Care): 2010 Sampling Methodology, 2010
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1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:50 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order with Item order revised as 7, 12, 11, 8 and 9 (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 9/28/2010 Priorities and Planning (P&P) Committee Meeting Minutes, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
  - Mr. Vincent-Jones said draft committee handbooks were presented at the Annual Meeting with the understanding that committees would review and revise them afterwards. All should be finalized by the end of the month.
  - Handbooks will educate new Commissioners, those on other committees and the community about a committee's responsibilities and how it performs its work. Handbooks also provide an operational guide.
  - "Section I. Introduction: A Committee-Driven Process" of the P&P draft is the same for all committees.
  - "Section II. Commission on HIV Committee Organization" is essentially the same with P&P identified. The blanks provide space to add links when referenced items are posted on the website.
  - "Section III. P&P Committee Mandated Responsibilities" will be completed from Federal and County documents.
  - "Section IV. P&P Committee Responsibilities Outlined in the Commission By-laws" will need to be updated.
  - "Section V. Committee Operations" includes meetings, leadership and organization, membership and affiliations.
  - "Section VI. Committee Work" is the core of the Handbook with information on the Consumer Needs Assessment, the Comprehensive Care Plan (CCP), Priority- and Allocation-Setting (P-and-A), Service Analysis, Resource Analysis, Population Analysis and Commission Initiatives. The P-and-A diagram needs to be updated.
  - ➡ P&P members will e-mail any comments to Mr. Vincent-Jones by end of day on 10/29/2010.
  - A. **Committee Work Plan:** This item was postponed.
  - B. **Policies and Procedures:** This item was postponed.
8. **FY 2010 EXPENDITURES:**
  - Mr. Young, Chief, Financial Services Division, began with the Ryan White Part A and SAM expenditures as of 8/31/2010. The first page includes the service priority ranking, percent of FY 2010 allocation, total Part A and SAM allocation, total year-to-date expenditures, total full-year estimate, and the variance between the total allocations and full-year estimate.
  - The full-year estimate is twice the six-month expenditures in most instances. Budget modifications are anticipated from agencies which expect underspending on some line items, so funds can be moved to line items where they will be used. In general, augmentations can be requested through Mario Pérez and are granted based on available funds and expected agency utilization. OAPP is also contacting those agencies behind on their billings to ensure their expenditures are current.
  - Ms. Chiang noted OAPP allows cross-category budget modifications through the eighth month, but after that funds can only be moved within categories. She said applications and approvals need to be timely to meet that deadline. Mr. Young said OAPP encourages providers to constantly monitor expenditures and react promptly. OAPP works to expedite approval.
  - Mr. Singer suggested a short augmentation request form to expedite requests. Mr. Young will bring the idea to OAPP.
  - Mr. Vincent-Jones noted the extent of underspending is normal for this point in the year and has declined over the years.
  - The Therapeutic Monitoring Program (TMP) is included under the Medical Outpatient/Medical Specialty service category.
  - The overall estimated variance is \$2.6 million. Part of that is due to the fact that the SAM allocation goes through 6/2011 while the Part A allocation only goes through 2/2011. Some service categories are expected to be underspent through 2/2011, e.g., no expenses are expected for Health Insurance Premiums/Cost-Sharing and about \$116,000 of the Benefits Specialty \$791,000 is expected to be expended in FY 2010 though it is likely to be fully expended in FY 2011.

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- Ms. Watt asked about the fee-for-service Substance Abuse/Residential category, which shows estimated underspending of \$972,000. Mr. Young said there was a meeting of program staff on the category and clients have not been entering care.
- Ms. Washington-Hendricks asked about Oral Health underspending of \$171,000. Mr. Young said it is a cost reimbursement category, so if agencies have lower expenditures, such as fewer staff, than first estimated their reimbursement will be lower.
- Ms. Watt urged providers to contact their program manager promptly if they know they cannot expend funds so OAPP can shift them to another provider. Providers fear reduced funding the next year if funds are not used. They wait and make it harder to reallocate funds. Yet, contracts are not determined in advance. What is important is to utilize all funds each year.
- Mr. Vincent-Jones asked about the Hospice/Skilled Nursing full-year estimate of \$27,000 or funding for about one-half person. Mr. Young said he understood the agency had from one to zero patients per year. Mr. Vincent-Jones said that underscores issues of procurement and service delivery in the Hospice/Skilled Nursing Study since the Commission continues to hear that need is increasing. Mr. Goddard noted his agency accesses other funding sources or funds it themselves.
- Mr. Vincent-Jones asked why the Nutrition Support full-year estimate was higher than the allocation. Mr. Young replied the estimate was based on contracts which are being fully utilized, as is also the case with Case Management, Home-based.
- Mr. Vincent-Jones asked when Mr. Young suggested P&P make underspending recommendations for FY 2010. A previous policy is no longer applicable due to service category changes, but P&P is still required to make allocation modifications pertinent to under- or overspending. Mr. Young replied final decisions were needed by December.
- Mr. Land had heard provider complaints regarding expended Benefits Specialty line items. Staff previously paid through those line items have been retained, but funding is not available as the new contracts have not yet been implemented. He did not want to reallocate funds away from the service as its need remained.
- Ms. Watt noted providers may make decisions on anticipated timelines that do not work out. It is their responsibility. Mr. Vincent-Jones said agencies should discuss procurement/contracting issues with OAPP. It is not the Commission's purview.
- ➡ Start review of recommendations on FY 2010 underspending in November with final recommendations by December.
- ➡ Mr. Young will add a key to all spreadsheets of common reasons that categories are underspent.

### A. Maintenance of Effort (MOE):

- Mr. Vincent-Jones said there was no analysis yet of the variance in NCC used to meet MOE between last year and years prior versus this and next year. Mr. Young said he had anticipated a conference call with Mr. Vincent-Jones and Michael Green to better define information needed. Mr. Vincent-Jones said he had discussed that with Dr. Green.
- Ms. Wu clarified the MOE reflects local contributions reported to OAPP. Other funds may be expended that are not reported. Mr. Vincent-Jones added the MOE only needs to demonstrate that the jurisdiction is meeting its threshold.

### B. Medical Outpatient/Specialty: There was no additional discussion.

### C. Minority AIDS Initiative:

- Mr. Young reported on the two MAI schedules: Year 3/Year 2 carry over (8/1/2009-7/31/2010) and FY 2010. HRSA changed the term from one consistent with Part A (March 1<sup>st</sup> to February 28<sup>th</sup>) to August 1<sup>st</sup> to July 31<sup>st</sup> for three years. In the midst of the third year, HRSA changed it back. Terms overlap from 3/1/2010 to 7/31/2010.
- All contract expenditures were charged to the pre-existing Year 3 contract during the overlap period. For that reason, there will be unexpended funds at the end of 2/2011 as the FY 2010 term covers just seven months. OAPP will then request another roll over, but all funds must be expended by 2/2012 as there is no assurance of additional rollovers.
- Ms. Wu said OAPP has recommendations for re-allocating overlap savings. Ms. Watt added that one agency refused its Early Intervention Program contract, resulting in at least some additional unexpended funds from that contract.
- The Year 3 grant term is over and the grant has been closed out. All Year 2 carry over funds were expended, but \$472,373 in unspent Year 3 funds remain. OAPP is preparing a request to HRSA to roll those funds into the FY 2010 MAI.
- Mr. Vincent-Jones asked about Case Management, Medical underspending. Mr. Young noted it is a cost reimbursement contract, so most underspending is probably due to lack of personnel. Mr. Goddard asked if service efficiencies might have resulted in cost savings. Mr. Young noted program managers always investigate reasons for underspending.
- Mr. Singer was concerned HRSA might reduce funding due to the some \$4 million in unexpended funds between Part A and the two MAI grants. He felt MAI categories might be added. Ms. Watt noted Carlos Vega-Matos presented to JPP on improvements to Transitional Case Management in the jails. She supported that as a possible new MAI category.
- Ms. Wu noted much of current Part A/SAM Part B underexpended funds will be used. Also, Congress changed the MAI year, so HRSA is supportive of rollovers to utilize underexpended funds that resulted from changes.

- ➡ Mr. Young will report on reasons for Case Management, Medical underspending at the November P&P meeting.
- ➡ Begin consideration of reallocation of MAI Year 3 unexpended funds for FY 2010 at the November meeting. Materials to be e-mailed to inform discussion are: original MAI memorandum on MAI goals to increase access or services pertaining to unmet need, staff; progress report and this year's application, Ms. Wu. Financials will be in the packet as usual.

**D. Pol. #09.5208: Financial Allocation and Expenditure Review:** This item was postponed.

**9. FY 2010 PRIORITY- AND ALLOCATION-SETTING PROCESS:** This item was postponed.

**10. FY 2011 PRIORITY- AND ALLOCATION-SETTING PROCESS:** This item was postponed.

**11. FY 2012 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:**

**A. Define Goals and Objectives:**

- Mr. Goodman said P&P has a legislative mandate to approve a priority ranking and allocations formula annually. He and Ms. Watt suggest an abbreviated process. The last cycle was late, so there is little time between cycles and no new data. Time might be used instead to examine anecdotal findings raised during the last process, e.g., outreach issues. Ms. Watt noted some allocations are not yet implemented, so adjustments could be made if warranted.
  - Mr. Land asked if results could be reconsidered if there was notable new data. Mr. Vincent-Jones replied there is often new data, but it is generally consistent year-to-year. P&P can adjust for any notable variance if necessary.
  - He added HRSA requires priorities to closely follow consumer need as defined by reliable, scientific, randomly sampled data. That data, provided by LACHNA, constitutes 90% of priorities decision-making, so decisions can change little until the FY 2013 cycle when new LACHNA data is available. Allocations, however, can adjust to reflect other information.
  - Ms. Washington-Hendricks noted FY 2011 priorities do not reflect SPA 6 rankings. She felt she should consult with the SPA before agreeing to an abbreviated process. Ms. Watt noted there are routine priority differences among data and providers or consumers. Part of that is often the HRSA mandated 75% core medical/25% supportive services split.
  - Mr. Singer suggested starting with FY 2011 P-and-A as a base, but keeping the process flexible to adjust for input from anecdotal subject discussions or information on major issues such as Health Care Reform or Medi-Cal managed care.
  - Ms. Watt noted there were no Ryan White service changes this year. Changes were due to State and NCC actions.
  - Mr. Land said it is important, especially for consumers, to realize that advocacy at the table does inform and shift the outcome. Final decisions are based on the greater good after consideration of all the input.
  - Dr. Frye suggested P&P retain paradigms and operating values as they were just done and priority rankings, as there is no new data and P&P membership has remained stable. He further suggested using the most recent allocations as a strong starting point for review with participants each offering one or two revision suggestions for discussion.
- ➡ Continue review of FY 2012 P-and-A process structure at November P&P meeting.

**B. Program/Planning Brief:** This item was postponed.

**C. Paradigms and Operating Values:**

- Several suggested selection of paradigms and operating procedures as one area for process abbreviation. The FY 2011 set were just recently selected and selections have changed little in years.
- ➡ Agreed to retain FY 2011 paradigms and operating values.

**D. Contingency Funding Scenarios:**

- ➡ Agreed to revisit award if funding increases or decreases.

**12. LOS ANGELES COORDINATED NEEDS ASSESSMENT (LACHNA):**

**A. Sampling Methodology:**

- Dr. Wohl, Chief Epidemiologist, HIV Epidemiology Program (HEP), presented on the 2010 Los Angeles Coordinated HIV Needs Assessment (LACHNA-Care) sampling methodology developed in conjunction with UCLA and the CDC.
- The goal is to interview a representative Ryan White-funded system client sample to evaluate service awareness, service utilization, service needs both met and unmet, barriers to service and client satisfaction.
- The methodology was adapted from a stratified proportional to size sampling methodology that allowed identification of a representative 400 clients of the some 17,000 receiving services at the approximately 100 agencies.
- Sampling will be in two stages by first selecting a representative sample of agency sites and then sampling their clients.

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- Sites are stratified by type and then sampled within each type for 50 sites. This methodology was adapted from a CDC – sponsored Medical Monitoring Project (MMP) of all HIV care facilities and is also used by Rand and UCLA.
- The methodology includes medical, social services, residential, oral health and substance abuse service types. Some sites with specialized services or populations were added to ensure sufficient data for analysis. Sites were also added in SPAs with fewer sites to ensure sampling proportional to a SPA's HIV+ population.
- A sample size calculation was used to determine the representative 400 client sample size. The number of clients to be sampled per site will be proportional to the client population there.
- Client sampling is based on the National HIV Behavioral Surveillance real-time sampling methodology. Clients will be sampled as they come in. Site size and patient flow will determine whether every third, fifth or all clients are sampled. The schedule of sites, sampling dates and number of clients to be sampled will be established in advance.
- This methodology is deemed the most efficient given time/resource limitations and the population's size and diversity.
- A screener at the beginning of the survey will collect names to ensure clients seeking services at more than one site are not interviewed twice. Names will be kept in a separate data set from survey data and are confidential.
- The presentation included a timeline. Sampling methodology, the survey and the Public Health IRB application were developed over July and August. The survey of some 30 minutes was pilot-tested in September with HEP staff and Commissioners. It is self-administered on pre-programmed laptops. IRB approval is expected shortly. Data collection should begin 12/1/2010 and take four to six months. Data will then be cleaned and analyzed for a summary report.
- Mr. Meza was concerned about residential clients' ability to choose whether or not to participate. Dr. Wohl said HEP will meet with all sites about the best logistics for inviting client participation. Ms. Watt noted her facility identifies an area for willing participants to congregate, so those recruiting have a pool of clients from which to choose.
- Dr. Wohl noted three clients can take the survey simultaneously. Participants receive \$30 gift certificates. The site need only coordinate with HEP on the schedule and provide space. One or two HEP staff will be available for client questions.
- Mr. Singer noted last year's participation issue. Dr. Wohl said HEP generally receives good cooperation. The Commission will also send a letter to those agencies selected to request cooperation. HEP will follow-up.
- Ms. Wu noted the survey samples from care and treatment agencies. She is concerned about reaching PWH not in care, i.e., unmet need. Ms. Pinney noted one question asks if a client has discontinued care for twelve or more months which will identify PWH returning to care, but not those never in care. Dr. Wohl noted recruitment includes non-medical care sites, so should reach some unmet need. A separate survey would be needed to directly address unmet need.
- Mr. Liso suggested a study of agencies' dormant files for unmet need. Dr. Wohl said that population has been difficult to identify. The CDC funded a study with six agencies, but the study was discontinued as few PWH were located.
- Mr. Singer said the study limits representation of Case Management, Home-based clients as most of their services are delivered at home. He noted one year HEP worked with his agency to sample such clients and survey them at home.
- Mr. Vincent-Jones said it was understood that the sample size would be too small to generate statistically significant data for some smaller populations. The Commission may hold focus groups for some of those.

B. **Pol. #09.5201: Consumer Needs Assessment:** This item was postponed.

C. **Pol. 04.2001: Commission/HIV Epi Program:** This item was postponed.

### 13. COMPREHENSIVE CARE PLAN (CCP):

- Ms. Watt noted general consensus at the Annual Meeting to revise the new CCP through lenses of National HIV/AIDS Strategy goals, Testing and Linkage to Care+ (TLC+), which has been emphasized by the Commission/PPC Integration Task Force and Health Care Reform. Seventeen Annual Meeting participants volunteered for the CCP Work Group.
- Ms. Watt hoped the new CCP would become a true County planning document much as the Prevention Plan is used.
- ➡ The CCP Work Group will meet monthly, 9:30 to 11:30 am, on P&P meeting dates starting 11/30/2010. Dr. Frye will join.

A. **Pol. #05.0401: Comprehensive Care Plan:** This item was postponed.

B. **Mission, Vision and Values:** This item was postponed.

14. **NUTRITION SUPPORT STUDY:** This item was postponed.

15. **HOSPICE AND SKILLED NURSING STUDY:** This item was postponed.

16. **DATA SUMMIT:**

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- Ms. Pinney reported the Data Summit will be 1/21/2011 at the Wilshire Plaza hotel. The first speaker, Gery Ryan, from RAND has confirmed.
- ➡ Comments on the draft agenda in the packet can be e-mailed to Ms. Pinney.

**17. SERVICE CATEGORY PRESENTATIONS:** This item was postponed.

**18. RESOURCE ANALYSIS THRESHOLD(S):** This item was postponed.

**19. GEOGRAPHIC ESTIMATE OF NEED FORMULA:** This item was postponed.

**20. SPECIAL POPULATIONS:** This item was postponed.

**21. MONITORING GOALS/OBJECTIVES:** There was no additional discussion.

**22. OTHER STREAMS OF FUNDING:** This item was postponed.

**23. NEXT STEPS:** This item was postponed.

**24. ANNOUNCEMENTS:** There were no announcements.

**25. ADJOURNMENT:** The meeting was adjourned at 3:25 pm.

- ➡ Due to the holidays, the November meeting will be 11/30/2010 and the December meeting will be 12/21/2010. Meeting times will remain 1:30 to 4:30 pm.